

ONTARIO HOSPITAL SERVICES COMMISSION

Annual Report 1962





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ONTARIO HOSPITAL SERVICES COMMISSION

OFFICE OF THE CHAIRMAN

2195 YONGE STREET, TORONTO 7

THE HONOURABLE M. B. DYMOND, M.D., C.M. MINISTER OF HEALTH.

Honourable Sir:

It is my privilege to have the honour to present to you the 1962 Annual Report of the Commission. This report represents a summary of the past year's activities and indicates some of the more significant trends that have been witnessed since the inception of the Plan on January 1, 1959. As in previous years, this report will, in the near future, be complemented by a Supplement containing detailed statistical and financial information for individual hospitals based on the audited 1962 returns.

In keeping with government tradition, the Commission presented to the Legislative Committee on Health on March 20, 1963, a complete review of the 1962 operation of the Plan and a forecast of anticipated costs based on existing trends. As noted at that time, although hospital expenditures have continued to rise, they have increased more slowly than in the earlier years of the Plan. In 1962 the total hospital costs reimbursed by the Commission rose to \$244,443,050, an increase of 13.8 per cent over the year before. This rate of increase compares with the reported annual increases of 13.9 and 19.6 per cent that had occurred by the end of 1961 and 1960 respectively. The principal factors influencing the rise in the total cost of the Plan are the increased number of insured persons, increased hospital bed facilities, the increased per capita utilization, the extended out-patient services and the growth in the cost of hospital care, notably in the area of salaries and wages and the provision of fringe benefits to hospital employees.

The deficit in hospital accommodation has been met in most places in Ontario, although the problem of unequal distribution still exists in some areas. The Committee for Survey of Hospital Needs in Metropolitan Toronto issued the first volume of its study on paediatric needs in November. Largely as a result of this report, which has been well received, considerable interest has been stimulated towards the provision of more paediatric beds. Further reports are in the process of preparation with completion of the Survey expected by the end of 1963.

Acknowledgement is also made here of the financial assistance of the Province to the Plan of \$47,910,725. This support permitted the continuance of the present premium structure and absorbed those costs which are not met by premium income or Federal government sharing. In addition, the Ontario government provided \$2,549,475 through the \$75.00 per bed grant to all public hospitals in the fiscal year ending March 1962. This money was used by the hospitals towards payment of capital debt, building construction and the purchase of equipment.

The spring of 1962 also saw the introduction of the extended out-patient program. In addition to allowing coverage for follow-up hospital visits to conclude primary emergency treatment within 24 hours of an accident, the benefits were extended to permit hospitals with the necessary facilities and the assent of its medical staff, to provide a limited range of treatments that could be provided on an out-patient basis without the need to hospitalize the patient. This extension of out-patient services increased the cost of this benefit from \$2.8 million in 1961 to \$4.3 million in 1962.

During the year Dr. R. W. I. Urquhart gave notice of his wish to retire from the office of the Chairman but it was not until May of 1963 his resignation was formally accepted. This will be more fully referred to in the 1963 Annual Report when published.

In November 1962, the death occurred of Mr. O. B. Roger who had served on the Commission since September 1, 1960. Mr. Roger was a valued member of the Commission who gave unstintingly of his knowledge and ability in the activities of the Commission.

Continuing close liaison with the hospitals and medical profession through their respective Associations was maintained throughout the year in an effort to promote good relationships and understanding with the hospitals and the public in accordance with the responsibilities assigned to the Commission under the terms of its Act. It is believed the Plan has served the residents of the Province well since its inception, and every effort will be made to carry on this tradition in future.

Yours sincerely,

1. B. Weitsey

John B. Neilson, M.B.E., M.D.

Chairman.

John B. Neilson, M.B.E., M.D., F.A.C.H.A., Chairman

Rt. Rev. John G. Fullerton, D.P., F.A.C.H.A., Vice-Chairman

Clarence V. Charters, Commissioner

J. McIntosh Tutt, Commissioner

W. Bev. Lewis, M.P.P., Commissioner

B. L. P. Brosseau, O.B.E., M.C., M.D., Commissioner of Hospitals

E. P. McGavin, C.A., Commissioner of Finance

Thomas C. Grice, Secretary to the Commission

August 15, 1963.

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REPORT OF THE COMMISSION

The Commission, consisting of seven members appointed by Lieutenant-Governor-in-Council, reports to the Legislature through the Minister of the Department of Health. It has two major functions; namely

- (a) to administer the Plan of Hospital Care Insurance under the terms of existing legislation, and
- (b) to ensure the development throughout Ontario of a balanced and integrated system of hospitals and related health facilities.

POPULATION COVERAGE

During 1962, the number of insured residents of Ontario continued to increase to an estimated 6.2 million as compared with 6.0 million the prior year. The percentage of the total eligible provincial population who were insured also rose from 96.5 in 1961 to 97.3 in 1962. Since the inception of the plan in 1959, the overall percentage increase of insured residents has been 4.6 per cent.

A comparison of the composition of the insured population during the past two years is shown below:

	Number	in Plan1	Percentage Increase or Decrease
Insured through groups	1962	1961	1962/61
(a) Payroll deductions and co-operatives	4,363,417	4,209,161	3.7
(b) Public welfare ²	136,045	139,775	- 2.7
(c) Other welfare ³	42,552	45,004	- 5.4
(d) Hospital indigents ⁴	111,428	139,128	-19.9
Insured directly through certificate holders	1,524,187	1,470,427	3.7
TOTAL	6,177,629	6,003,495	2.9

Whereas increases in the numbers of insured continued to occur among payroll deduction groups and co-operatives along with those insured on a pay-direct basis, there was a further decline in the enrolment of indigent and welfare groups.

VOLUME OF HOSPITAL CARE

Hospitals in Ontario continued to serve an increasing number of residents of the province. In 1962 more beds became available, more patients were treated, and more days of care were provided than in any other year.

¹ All figures shown are based on the Dominion Bureau of Statistics' estimate of the average number of persons in a family which was changed in 1962 from 2.50 to 2.53.

² Insured by the Ontario Department of Public Welfare.

Includes provincial and municipal indigents, persons on relief roles, wards of Children's Aid Societies and patients in mental institutions and tuberculosis sanatoria who did not insure themselves under the Plan.

⁴ Uninsured residents admitted to hospital who were or became indigents and for whom the municipality or province paid a statutory rate.

Final figures are not yet available, but certain estimates can be provided at this time which will be followed by complete data on hospital utilization and services to be published later this year in the Statistical Supplement to this Report.

The total adult and child admissions and days of care per 1,000 population in public and private hospitals are compared below for 1961 and 1962 together with the average lengths of stay by type of care in public hospitals only.

	Admi	ssions	Days o	of Care	Average of S	0
Level of Care	1962	1961	1962	1961	1962	1961
Active Treatment	148	148	1,503	1,479	10.2	10.1
Convalescent Care	1		31	22	45.5	45.3
Chronic Care	1	1	348	293	316.8	323.3
All levels of care	150	149	1,881	1,794	12.3	11.8

The days of care per 1,000 population increased in all levels of care between 1961 and 1962.

The charts on page 3 illustrate the prevailing trends in admissions, days of care and available beds per 1,000 population since the inception of plan. In addition, a detailed summary of the numbers of rated hospital beds available in all public, private and federal hospitals and the nursing homes approved for chronic care during 1962 and of the volume of hospital utilization, is provided on pages 12 and 13 of this report.

HOSPITAL PLANNING

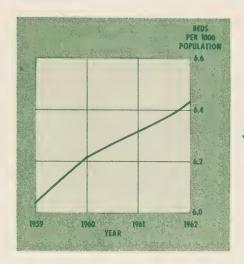
Planning continued towards ensuring an adequate and integrated hospital system which would provide the right type and number of beds. As a measure of determining bed needs, use was made of a statistical ratio of 5.0 beds per 1,000 population for active treatment scaled according to the level of service provided, .25 beds per 1,000 population for convalescent care and rehabilitation and 1 bed per 1,000 population for beds for chronically-ill patients. The latter ratio was weighted according to the percentage of the area population who were 65 years of age and over.

In 1962, thirty public hospitals completed major construction projects. Four of the largest additions were built in Windsor, Kitchener and Toronto. One entirely new hospital was completed and three new hospitals replaced old and obsolete buildings. With the completion of over 2,300 new adult and child beds in public hospitals, the bed shortage in many parts of the province was met or greatly reduced. Due to the unequal distribution of beds however, some large urban areas such as Metropolitan Toronto still lack an adequate number of beds for their needs.

	Adult and Child Beds	Newborn Bassinets	Accommodation for Nurses and Interns
New beds available in 1962 (Gross)	2,334	338	406
Beds under construction, or beds approved but not started as at December 31, 1962	5,257	462	684

The new beds brought into existence in 1962 substantially increased the total beds available in

¹ Public hospitals only.



TOTAL BEDS AVAILABLE PER 1000 POPULATION (Includes beds in approved Nursing Homes and Federal Hospitals).

DAYS PER 1000 POPULATION

2000

1950

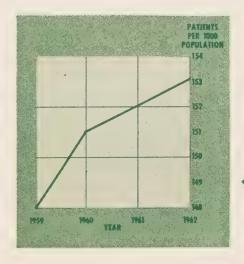
1900

1850

1800

1962

TOTAL DAYS OF CARE PER 1000 POPULATION PER YEAR IN ALL HOSPITALS.*



TOTAL ADMISSIONS PER 1000 POPULATION PER YEAR IN ALL HOSPITALS.*

1960

1961

YEAR

1959

^{*}Figures exclude Newborn and Outpatients

Ontario for patient care. As seen below the greatest numerical increase was in active treatment beds while convalescent and rehabilitation beds had the greatest percentage increase. The total number of rated beds available at December 31st included a new National Defence Hospital in Ottawa which furnishes patient care to a large number of insured residents.

Type of Bed	Total Rated Bed Capacity	Beds per 1,000 Population as at Dec. 31, 1962	Percentage Increase or Decrease in Beds 1962/61
Active Treatment	32,993	5.2	4.7
Convalescent Care and Rehabilitation Training	755	.1	43.8
Chronic Care ¹	7,349	1.2	0.2
TOTAL	41,097	6.5	4.4

While these figures would appear to show that Ontario has more beds than the planning formula provides, the beds are not always located where they are most needed.

There were 54 private hospitals licensed in 1962 and those in operation at December 31 accounted for 1,430 beds for active and chronic care. Fifty approved nursing homes were in operation in 1962. The forty-six that were still licensed at the year-end had 842 beds available for insured residents who were chronically-ill.

Since 1947, the Province has approved hospital construction grants totalling \$105.5 million, with one-half of this amount being approved in the past five years. In 1962 the Provincial Government approved capital grants amounting to \$10,419,000.

SURVEY OF METROPOLITAN TORONTO BED NEEDS

A committee was established early in 1962 to study the Metropolitan Toronto hospital requirements, particularly the location, size and type of hospitals, the needs of medical teaching hospitals, paediatric, rehabilitative and other bed needs, and availability of hospital personnel. Composed of representatives of the Ontario Hospital Services Commission, the Ontario Hospital Association, the Ontario Medical Association and a representative from the Social Planning Council of Metropolitan Toronto, the Committee engaged the hospital consulting firm of Agnew, Peckham and Associates to conduct the survey and report its recommendations back to the Committee.

The study was started in April 1962 and the Committee published its first report entitled "Hospital Accommodation and Facilities for Children in Metropolitan Toronto" in November. A second report concerning the need of active treatment hospitals is scheduled for mid-1963, and plans call for a further eight reports to be completed by the end of the year.

EXTENSION OF OUT-PATIENT BENEFITS

In the Spring of 1962 the Commission widened its coverage of out-patient benefits in active treatment hospitals in two ways; namely, by enlarging the present insured service and by introducing a second type of benefit. The regulation that provided for emergency hospital care of insured residents within twenty-four hours of an accident was expanded to include any follow-up visit deemed necessary to conclude the primary emergency treatment rendered in fracture cases, such as x-rays or a change or removal of a cast. This coverage was made mandatory for all hospitals.

¹ Includes some beds in Federal hospitals which are designated as long-term (excluding mental), but which may be used for domiciliary as well as chronic or convalescent care.

The second benefit was more restricted as its provision was dependent on the scope of the hospital facilities and required the consent of its medical staff. It permitted hospital care to be provided on an out-patient basis to insured residents, if in the opinion of the attending physician the patient would otherwise have had to be admitted as an in-patient. To date, eighty per cent of the active treatment hospitals in the province are providing this service. The cost in 1962 was \$3.7 million for the insured emergency services and \$638,500 for the optional out-patient services.

HOME CARE

The Department of Public Health of the City of Toronto, in September of 1961 expanded its community type program of home care to include a hospital-type home care plan for a period of two years. This pilot project, under Commission sponsorship, has been made possible through Federal health grants.

Two Toronto hospitals are taking part in the program which will care for a maximum of 300 patients in the two-year period. The hospitals provide the patients with drugs, x-ray and laboratory services, rental of equipment such as beds, wheel chairs, etc. and transportation to and from hospital. Community resources provide the nursing, homemaker and physiotherapy services.

Preliminary experience and data support the contention that patients requiring a continuance of skilled nursing and other professional care can be discharged from hospital earlier than usual and be cared for at home at a greatly reduced per diem cost.

FINANCIAL OPERATIONS

The annual comparative financial statements for the Commission for the calendar years 1961 and 1962 are shown on the following pages of this report. An outline of some of the more important features of the statements follows:

1. Income from Premiums

Premium income earned in 1962 in respect of standard ward coverage totalled \$91,925,705 as compared to \$89,509,093 in 1961. The increase of \$2.4 million is a result of continued population growth and of a further increase in the percentage of population insured.

The decision of the Government of Ontario to underwrite additional costs of the Plan up to the end of 1963, after taking into consideration increased Federal contributions, has made it possible to maintain the premium rates at \$2.10 and \$4.20 for single and family coverage respectively.

An amount of 10c. and 20c. respectively of each \$2.10 and \$4.20 premium received was transferred to the Government of Ontario to assist in the improvement of care in provincial mental institutions. This transfer amounted to \$4,377,414 in 1962, an increase of \$115,076 over 1961.

2. Contributions from Governments

The Government of Canada contribution of \$114.2 million for 1962 is equivalent to 45 per cent of the shareable costs of insured services in Ontario. This amount is calculated on the formula contained in the Federal-Provincial Agreement and will require slight modification when total 1962 hospital costs for all provinces are known. The 1962 contribution was \$13.0 million greater than the comparable amount for 1961.

The contribution of the Government of Ontario for 1962 totalled \$47,910,725 which compares with \$33,664,327 for 1961. The increase of approximately \$14.3 million was needed to meet additional hospital costs.

3. Expenditure - Insured Hospital Services

The expenditure incurred for insured hospital services in 1962 was \$244,443,050. This represents an increase of 13.8 per cent over the comparable amount for 1961 of \$214,812,940. The increase includes the operating cost of new beds and services as well as the additional operating cost of existing facilities.

4. Administrative Costs

The net administrative expenses of the Commission for 1962 were \$5,588,353 which represents 2.2 per cent of the overall costs of the Plan. \$3,866,139 or 69.2 per cent was for salaries and wages. The Commission employed a total of 867 persons at December 31, 1962.

In 1962 an amount of \$389,387 was received from the Department of Public Works in respect of prior years' purchases of furniture and office equipment, and this is shown as a deduction from administrative costs.

5. Assets and Liabilities

The Comparative Statement of Assets and Liabilities shows the financial position of the Commission as at December 31, 1962 and 1961.

Deferred income of \$24,908,727 at December 31, 1962 refers to premiums paid in advance for coverage in subsequent months. The funds obtained from these premium pre-payments were, in part, used as working capital to pay hospitals for their costs until the Commission was reimbursed by the Federal and Provincial Governments for their shares of hospital costs. The portion not used in this manner was invested in short-term government securities.

At December 31, 1962, it was estimated that \$1,700,000 was due to the Commission from third parties. This amount represents the estimated portion of hospital costs paid by the Commission that are recoverable from third parties responsible for the hospitalization of insured persons.

Unpaid hospital costs at December 31, 1962 amounted to \$18,689,843. In large part, this amount was owing to public hospitals and is the difference between the allowable costs incurred by hospitals for 1962 and the advances made to them in 1962 based on approved budgets. A further advance is given shortly after the year end and a final settlement made when the hospital's audited financial statements are reviewed by the Rate Board and allowable costs ascertained.

These statements have been prepared for the calendar year using the accrual method of accounting, and the contribution from the Province of Ontario does not coincide with Government Estimates which indicate cash requirements on a fiscal year basis.

H. A. COTNAM, F.C.A.,

PROVINCIAL AUDITOR

G. H. SPENCE, F.C.A.,

ASST. PROVINCIAL AUDITOR



ADDRESS ALL COMMUNICATIONS
TO THE PROVINCIAL AUDITOR
PARLIAMENT BUILDINGS, TORONTO

OFFICE OF PROVINCIAL AUDITOR

AUDITORS! REPORT

To the Chairman and Members of the Ontario Hospital Services Commission, 2195 Yonge Street, Toronto, Ontario.

I have examined the statement of assets and liabilities of the Ontario Hospital Services Commission as at December 31, 1962 and the statements of income and expenditure for the year ended on that date and accumulated results of operations to December 31, 1962. My examination included a general review of the accounting procedures and such tests of accounting records and other supporting evidence as I considered necessary in the circumstances.

In my opinion the accompanying statement of assets and liabilities and statements of income and expenditure and accumulated results of operations present fairly the financial position of the Commission as at December 31, 1962, and the results of its operations for the year ended on that date.

Toronto, Ontario, June 28, 1963. 14. a. Colman, g.a.a

Provincial Auditor

STATEMENT OF ASSETS AND LIABILITIES December 31, 1962

(With comparative figures at December 31, 1961)

ASSETS Cash	1962 \$ 3,337,978	1961 \$ 4,380,944
Government of Canada Treasury Bills—at cost and accrued interest (par value \$1,500,000)	\$ 1,498,444	
Receivable from Government of Canada: Billed (since received)	\$ 10,823,879 7,639,071 \$ 18,462,950	\$ 7,755,463 11,841,810 \$ 19,597,273
Receivable from Province of Ontario	\$ 19,465,915 1,520,807 1,700,000 107,325 \$ 46,093,419	\$ 16,984,974 1,185,000 1,775,000 157,131 \$ 44,080,322
LIABILITIES		
Accrued hospital costs Due to Province of Ontario for portion of premiums for improvement of care in Provincial mental institutions Accounts payable and accrued liabilities	\$ 18,689,843 1,174,701 886,396 \$ 20,750,940	\$ 17,706,010 1,077,654 903,985 \$ 19,687,649
Deferred income—premiums applicable to insured services in subsequent months Excess of income over expenditure since inception of the Plan	24,908,727 433,752 \$ 46,093,419	24,184,587 208,086 \$ 44,080,322

STATEMENT OF INCOME AND EXPENDITURE

for the year ended December 31, 1962

(With comparative figures for the year ended December 31, 1961)

INCOME:	1962	1961
Premiums for insured services.	\$ 91,925,705	\$ 89,509,093
Less portion of premiums for improvement of care in Provincial mental institutions	4,377,414	4,262,338
	\$ 87,548,291	\$ 85,246,755
Government contributions—		
Ontario	\$ 47,910,725	\$ 40,461,667
Less applicable to prior years		6,797,340
	\$ 47,910,725	\$33,664,327
Canada	114,183,000	101,142,000
	\$162,093,725	\$134,806,327
Income from investments and sundry income	\$ 225,666	\$ 208,086
Total income	\$249,867,682	\$220,261,168
EXPENDITURE:		
Hospital costs	\$244,443,050	\$214,812,940
Operating expenses—		
Salaries	\$ 3,866,139	\$ 3,802,042
Rentals—data processing equipment	273,253	213,830
Postage, telephone and telegraph	277,116	278,723
Printing and stationery	152,249	219,239
Office rentals	468,426	372,054
Pension contributions	222,785	198,854
Travel expenses	125,918	120,913
Office equipment	41,079	123,094
Advertising and public information	102,687	28,024
Building maintenance	77,211	58,156
Legal fees for recoveries from other insurers Federal sales tax (including amounts applicable to	100,144	63,583
prior years)	77,658	
Other expenses	116,251	88,977
Consultants' fees	69,782	11,598
Expenses recovered from supplementary carriers of	·	
hospital insurance and health grants	(382,345)	(338,945)
Less refund from Department of Public Works in	\$ 5,588,353	\$ 5,240,142
respect of furniture and office equipment pur-		
chased in prior years	(389,387)	
	\$ 5,198,966	\$ 5,240,142
Total expenditure	\$249,642,016	\$220,053,082
Excess of income over expenditure	\$ 225,666	\$ 208,086
		-

1962

STATEMENT OF ACCUMULATED RESULTS OF OPERATIONS

to December 31, 1962

Excess of income over expenditure for the year ended December 31, 1959, after deferring expenditure of \$5,765,568 as a charge to 1960 operations.	\$ 3,960,293
Excess of expenditure over income for the year ended December 31, 1960	(4,992,065)
Portion of expenditure deferred from 1959 operations.	 (5,765,568)
Excess of expenditure over income to December 31, 1960	\$ (6,797,340)
Contribution by Ontario Government to cover accumulated results of operations to December 31, 1960	6,797,340
Excess of income over expenditure for the year ended December 31, 1961	208,086
Excess of income over expenditure for the year ended December 31, 1962	 225,666
Excess of income over expenditure since inception of the Plan.	\$ 433,752

Note:

10

When the hospital insurance plan commenced, insured residents paid one month's premium and insurance coverage was provided for three months. The net cost of providing care in the two months for which no premiums were collected, after deducting government contributions, amounted to \$11,531,136.

In the financial statements for the year ended December 31, 1959, one-half of this amount \$5,765,568, was charged to 1959 operations and the balance was carried forward to be charged to 1960 operations.

In the year 1961 the Ontario Government assumed responsibility for the accumulated excess of expenditure over income to December 31, 1960.

TRENDS IN PUBLIC HOSPITAL CARE, 1960 to 1962

1	YEAR EN	NDED DECEM	% Increase	% Increase	
ALL PUBLIC HOSPITALS IN ONTARIO	1960	1961	1962	7% Increase or Decrease 1961/60 2.9 4.7 3.5 3.5 3.5 3.5 3.4 4.6 1.0 -2.8 -12.6 0.0 10.1 7.1 13.9 11.0 15.5	or Decrease 1962/61
Population insured by O.H.S.C Rated Beds	5,832,842 33,021	6,003,495 34,589	6,177,629 36,158		2.9 4.5
Number of Adult and Child Admissions Discharges and Deaths Patients Under Care During Year (1)	869,113 868,352 893,971	899,391 898,720 925,032	915,557 914,387 941,894	3.5	1.8 1.7 1.8
Total Patient Days (Adults and Children) of Discharges and Deaths (2) of Care Given During Year (3)	10,281,143 10,249,780	10,634,945 10,724,598	11,269,306 11,193,907		6.0
Average Length of Stay of Patients Discharged or Died Active. Convalescent Chronic Total	10.0 46.6 369.7 11.8	10.1 45.3 323.3 11.8	10.3 45.5 316.8 12.3	-2.8 -12.6	2.0 0.4 -2.0 4.2
Number of Diagnostic Radiological Examinations (4) (5) In-Patients	650,154 716,413	715,664 767,513	821,632 853,943		14.8 11.3
Total Units of Laboratory Service Performed in Hospitals In-Patients Out-Patients Referred-In	20,366,426 2,626,827 1,023,706	23,191,351 2,915,400 1,181,966	26,881,519 3,045,237 1,213,477	11.0	15.9 4.5 2.7
Total Staff and Employees of Hospitals Full-Time Part-Time	57,599 8,248	60,884 8,297	64,240 9,951		5.5 19.9
Total Paid Hours of Work	121,569,041	129,703,406	138,678,158	6.7	6.9

⁽¹⁾ Discharges and deaths plus patients in-residence at end of year.

⁽²⁾ Days since admission (i.e. includes some days from prior year(s) and not all days of current calendar year).

⁽³⁾ Days of care given during calendar year to discharges and deaths and patients in-residence at end of year.

⁽⁴⁾ Excludes convalescent and chronic hospitals.

⁽⁵⁾ Excludes routine admission chest x-rays.

VOLUME OF HOSPITAL CARE

					PUBLIC
GENERAL INFORMATION	ALL	ACTIVE T	REATMENT	CONVAL	LESCENT
GENERAL INFORMATION	HOSPITALS	Public General Hospitals (1)	Red Cross Outposts (2)	Tonva Hospitals (3) 8 655 71.8 471 46.1 3,687 3,687 3,503 3,503 3,990 161,410 171,746 171,746	Units of Hospitals
Number of Hospitals or Units in Operation during 1962.		177	15	8	1
Rated Bed Capacity as at December 31, 1962 Adults and Children Bassinets	41,097 5,929	30,065 5,683	175 94		100
Percentage of Bed Occupancy Adults and Children Nursery	83.9 48.7	84.3 49.5	51.6 17.0		62.5
Average Number of Adults and Children in Hospital Daily	34,472	25,346	90	471	63
Average Length of Stay of Discharges and Deaths Adults and Children Newborn	13.1 6.7	10.3 6.7	6.6 5.6		41.9
Admissions Adults and Children Newborn Total	969,880 156,647 1,126,527	900,500 152,303 1,052,803	5,072 1,064 6,136		536 536
Discharges and Deaths Adults and Children Newborn Total	968,721 156,655 1,125,376	899,662 152,303 1,051,965	5,066 1,072 6,138		522 522
Patients Treated During 1962 Adults and Children Newborn Total	999,504 159,348 1,158,852	921,848 154,925 1,076,773	5,145 1,085 6,230		572 572
Total Days' Stay Since Admission of Discharges and Deaths Adults and Children. Newborn. Total.	12,644,821 1,053,723 13,698,544	9,267,685 1,026,462 10,294,14 7	33,288 5,970 39,25 8		21,878 21,878
Days of Care Given in 1962 Adults and Children Newborn Total	12,582,236 1,054,211 13,636,447	9,251,323 1,027,176 10,278,499	32,990 5,839 38,829		22,818 22,818

⁽¹⁾ Includes Orthopaedic and Arthritic Hospital, Toronto which became a Public Hospital on February 22, 1962.

⁽²⁾ The Red Cross Outpost Hospital at Hornepayne closed on February 16, 1962 when the new Community Hospital opened.

⁽³⁾ The Ontario Crippled Children's Hospital, Toronto opened on January 15, 1962 and the Providence Hospital, Toronto opened January 28, 1962.

⁽⁴⁾ Chronic units opened at Memorial Hospital, Bowmanville, April 1962, Durham Memorial Hospital, June 28, 1962 and Providence Hospital, Toronto on January 28, 1962. The Chronic Unit at Penetanguishene General Hospital was reclassified to active treatment October 24, 1962.

GIVEN IN ONTARIO, 1962

OSPITA	LS		PRIV	ATE HOSI	PITALS	FEDERAL HOSPITALS AND NURSING STATIONS				NURSING
CHR	Units of Hospitals (4)	TOTAL (Public)	ACTIVE (5)	CHRONIC	TOTAL (Private)	ACTIVE	CONVAL- ESCENT (6)	CHRONIC (Unit)	TOTAL (Federal)	HOMES TEMPOR- ARILY APPROVED FOR CHRONIC CARE (7)
16	42		28	26	54	12	1	4		50
3,271	1,892	36,158 5,777	862 128	568	1,430 128	1,891 24	0 0 0	776	2,667 24	842
98.2	78.5	84.8 49.0	78.1 39.2	98.3	86.1 39.2	69.4 32.9	• • •	61.4	67.0 32.9	93.1
3,213	1,486	30,668	674	558	1,232	1,312		476	1,788	784
388.1	214.4	12.3 6.7	8.0 6.5	339,4	14.9 6.5	21.5 6.7	• • •	357.6	29.0 6.7	220.7
3,292 3,292	2,470 2,470	915,557 153,367 1,068,924	30,480 2,848 33,328	625 625	31,105 2,848 33,953	21,536 432 21,968		496 496	22,032 432 22,464	1,186
3,323 3,323	2,311 2,311	914,387 153,375 1,067,762	30,516 2,855 33,371	649	31,165 2,855 34,020	21,435 425 21,860	• • •	486	21,921 425 22,346	1,248 1,248
6,521 6, 521	3,818	941,894 156,010 1,097,904	31,000 2,902 33,902	1,188 1,188	32,188 2,902 35,090	22,471 436 22,907		965	23,436 436 23,872	1,986 1,986
289,576 289,576	495,469 495,469	11,269,306 1,032,432 12,301,738	244,586 18,439 263,025	220,239 220,239	464,825 18,439 483,264	461,446 2,852 464,298		173,779 173,779	635,225 2,852 638,077	275,465 275,465
172,800 172,800	542,230 542,230	11,193,907 1,033,015 12,226,922	245,874 18,312 264,186	203,771 203,771	449,645 18,312 467,957	478,870 2,884 481,754		173,813 173,813	652,683 2,884 655,567	286,001 286,001

^{5) (}a) Lakeshore Private Hospital, New Toronto is included in the number of licensed private hospitals, but was not in operation in 1962.

⁽b) Windsor Private Hospital ceased to operate as a private hospital in April 1962. The only statistics not shown for this hospital are the 11 rated beds.

⁵⁾ The patients and days in the Rideau Health and Occupational Centre, Convalescent Unit, Ottawa, are combined with the figures for chronic care and shown only in the Chronic column as they were not reported separately by the hospital.

⁷⁾ The number of Nursing Homes Temporarily Approved for care of the chronically-ill was decreased by four in 1962.

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